



Finance Department | Revenue Division
39550 Liberty Street, Fremont, CA 94538
Ph: 510-494-4790 | Fax: 510-494-4754
www.fremont.gov

New Application

Renewal

Application for Massage Technician Permit or Outcall Massage Technician Permit

[Nonrefundable fee of \$60.00 on new applications and \$30.00 on annual renewals.]

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Name: _____ Driver's License No.: _____ SSN: _____

Business Address: _____
Number Street City State Zip

Daytime Phone No.: _____ Home Phone No.: _____

Age: _____ Date of Birth: _____ Sex: _____ Glasses/Contacts: Yes ☐ No ☐

Height: _____ Weight: _____ Eyes Color: _____ Hair Color: _____

Maiden Name: _____ Alias Name(s): _____ Single ☐ Married ☐ Divorced ☐

Citizenship of What Country: _____ Resident Alien Card No.: _____ Exp. Date: _____

Have you ever been arrested for any crimes? Yes ☐ No ☐

If so, when, where, and for what?

Have you ever been convicted for any crimes? Yes ☐ No ☐

List all convictions including dates, charges and locations:

Do you have any cases pending against you in court? Yes ☐ No ☐

If so, where and for what?:



Name and address of massage establishment where applicant will be employed:

_____	_____
_____	_____
_____	_____

Name, address and date of all previous massage establishment employment:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been denied a massage technician permit or had a permit to practice massage revoked? Yes ☐ No ☐

If so, explain:

Name and address of school of massage attended:

Hours completed: _____ Dates attended: _____

List your last two (2) previous places of residence, including dates:

_____	_____
_____	_____

List the names, address and dates of your last three (3) places of employment:

_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify under penalty of perjury that the statements I have made on this application are true and correct. I authorize the City of Fremont, its agents and employees to seek informaton and conduct an investigation into the truth of the statements set forth in this application and my qualifications for the permit. I further understand that any misrepresentations, omissions or falsifications will be grounds for the permit denial or future revocation.

Signature: _____

Date: _____